

ROCKINGHAM COUNTY REZONING APPLICATION

Prior to submitting this application, the applicant must have a preliminary meeting with a planner in the Department of Community Development. No application can be accepted until this meeting is held. Call 540-564-3033 for an appointment.

APPLICANT'S CHECKLIST:

- ☐ **Complete this application and sign the front and back.**
- ☐ **Enclose a boundary map of the property, showing a metes and bounds description of the area to be rezoned. The map cannot be larger than 11" x 17".**

FOR OFFICE USE ONLY

Applicant Meeting Date:	Planner:	
Application Fee: \$	Receipt #	Date Received:
Taxes Paid:	Staking Given:	
Deadline Date:	PC Hearing Date:	BOS Hearing Date:

Check if: ☐ Owner: _____
☐ Contract Purchaser _____

APPLICANT: _____

MAILING ADDRESS: _____ EMAIL: _____

CONTACT PERSON: _____ DAYTIME PHONE: _____

Send notices to you? ☐ If so, include postal and email address: _____

LOCATION: (N S E W) of (Road Name) _____ (Route #) _____

approximately _____ miles/feet (N S E W) of (Road Name) _____

(Route #) _____ in Election District # _____.

TAX MAP(S) #: _____ PRESENT USE: _____

NUMBER OF ACRES IN REZONING REQUEST: _____ FROM _____ ZONING TO _____

INDICATE METHOD OF:

Water Supply

County Water

City Water *

Community System

Well

Cistern

Sewage Disposal

County Sewer

City Sewer *

Community System

Septic System

Alternative (Specify) _____

*** If City water and/or sewer are selected, applicant must have full approval by City and County prior to submitting this rezoning application.**

Virginia law permits the landowner to offer conditions (proffers) governing the use of the property. The conditions (proffers) would add to, or modify, the use of the property that the landowner is requesting to be rezoned. These conditions (proffers) must be presented to the Community Development Office in letter form.

Signature of Landowner

Signature of Applicant or Agent

Provide the names and complete mailing addresses of all adjoining landowners, including landowners across any road, railroad, stream, or river. Also include any adjoining landowners within the City of Harrisonburg, a town, or in another county. Attach additional sheets, if necessary.

Remember: If the property in this rezoning request adjoins the City of Harrisonburg, a town, or another county, it is your responsibility to supply this office with the names and current addresses of the adjoining properties within the City, town, or other county.

[illegible]

AS APPLICANT FOR THIS REZONING, I _____
Applicant (*PLEASE PRINT NAME*)

Signature of Applicant _____ Date: _____